



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mol/day	Inspection Type	Inspector	Fac Type
1 N	I D 0 0 0 1 0 5 8	1 1 0 6 2 0	C	A	1
Remarks					
21					
Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved	
67 4 5 69	70 4	71 N	72 N	73	74 75

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Orofino Drinking Water Treatment Plant 705 Main Street Orofino, Idaho 83544	Entry Time/Date 0854 June 20, 2011	Permit Effective Date November 1, 2006
	Exit Time/Date 1145 June 20, 2011	Permit Expiration Date October 31, 2011
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Michael Martin, Water and Wastewater Supervisor 208-476-5556 (WTP Work) 208-476-5051 (WWTP Office) 208-476-3634 (Fax)	Other Facility Data (e.g., SIC NAICS, and other descriptive information) SIC Code 4941	
Name, Address of Responsible Official/Title/Phone and Fax Number Rick Laam, City Administrator P.O. Box 312, Orofino, Idaho 83544 208-476-4725 (Work) 208-476-3634 (Fax)	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
• • • • •	_____
• • • • •	_____
• • • • •	_____
• • • • •	_____

Name(s) and Signature(s) of Inspector(s) 	Agency/Office/Phone and Fax Numbers IDEQ-LRO/208-799-4370/208-799-3451	Date June 20, 2011
Signature of Management Q A Reviewer 	Agency/Office/Phone and Fax Numbers IDEQ/SO/208-373-0167	Date 8 Dec 2011